ANNUAL
REPORT
1969

THE CHILDREN'S HOSPITAL MEDICAL CENTER

BOSTON,
MASSACHUSETTS

ANNUAL
REPORT
1969

THE CHILDREN'S HOSPITAL MEDICAL CENTER

comprising

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SARAH FULLER FOUNDATION FOR LITTLE DEAF CHILDREN
THE SHARON SANATORIUM
CHILDREN'S CANCER RESEARCH FOUNDATION, INC.
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Careful control of expenses, judicious utilization of income, and a cessation in the launching of new programs have jointly helped to substantially reduce CHMC's deficit. As Mr. Forbes states in his report on page 6, this is encouraging. But to concern ourselves only with the size of the deficit would be to ignore what has developed as the real financial crisis of the time — a critical cash flow problem.

The Medical Center is becoming increasingly threatened by an uncontrollable climb in its patient receivables, monies owed us particularly by the Commonwealth of Massachusetts. At the end of fiscal 1966 patient receivables amounted to $2,500,000. Currently we are owed in excess of $8,000,000!

About half of the accounts receivable are relatively current, and mostly involve Blue Cross and other commercial carriers. But the remaining half represents an indebtedness by the Commonwealth, an indebtedness generally of more than six months' duration.

The failure of the Commonwealth to promptly meet its financial obligations to CHMC has forced us to commit almost all of our unrestricted endowment to meet operating expenses, and to draw heavily from a local bank for funds for current payroll. These steps have resulted in removing our unrestricted endowment from the market, which in turn further reduces our endowment income.

The delay by the Commonwealth in payment of its bills to CHMC appears to be related to technical and administrative ineptitude in the Public Welfare Department. Some individuals in government are working hard in our behalf, but their struggle with bureaucracy has yet to be fruitful, and time is becoming of the essence.

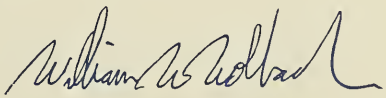
We have reached the point where there is no choice but to act quickly and vigorously, even to the point of seeking legal relief if necessary. We must give our unrestricted endowment the opportunity to recover its cash and market position if we are not to face severe financial problems in future months.

There are, fortunately, several alternatives to CHMC's instituting legal action against the Commonwealth, all of them requiring a willingness by the state government to adjust its present methods of reimbursement.

1. The Commonwealth could adopt a procedure through which it could pay 90 percent of the face value of bills at the time they are submitted, with a final settlement made at the end of a given fiscal period.
2. The Commonwealth could place the processing of claims with an intermediary which has the demonstrated competence to handle the huge number of transactions involved.
3. The Commonwealth could adopt a prospective budget for patients on public assistance, with the state guaranteeing payment at monthly intervals and final adjusted payment at the end of the fiscal year.

Whether or not the Commonwealth will adopt one or another of these alternatives remains to be seen. Much depends upon the individual selected as the new Commissioner of Public Welfare, in whose department these responsibilities reside. Obviously, the need is for a man of outstanding ability, broad vision, and a strong command of managerial skills.

If The Children's Hospital Medical Center is, as has so often been claimed by members of the government, a vital public resource to the Commonwealth of Massachusetts, officials of the Commonwealth must move with dispatch to afford relief to the intolerable financial position we are in. Unless this relief is forthcoming, and soon, CHMC has no option but to resort to legal proceedings.



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June 15, 1970

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REPORT OF THE GENERAL DIRECTOR

1969 marked not only the end of a decade but also the end of a hundred years' of service for Children's. In the normal course of events we would be measuring the many events of the 60's in an effort to plan for the coming decade. This kind of retrospective analysis of the recent past has always formed the basis for predictions of future growth and development. Numbers of emergency visits, outpatient encounters, inpatient days, etc., when projected ahead have always spelled more of everything. This year, however, it is quite clear that to plan for the 70's on this basis would be irrational.

The medical world is changing. So too are the expectations of those to be served. The idea that good health is a right of every citizen has gained wide acceptance throughout the country. There is growing awareness that the present fragmented organizational pattern of delivering personal health services cannot be responsive to the needs of 200 million Americans, and that fundamental changes in the structure of medical care delivery are in the offing.

The economic impact of spiraling costs for maintenance of the present method of delivering health services is staggering, to the extent that changes are being demanded. The communities without adequate health care have found their collective voice and present their needs vigorously and with rare eloquence. White papers, task force reports, surveys, and scholarly analyses all attest to a growing crisis. Against this backdrop of concern, despair and even anger, Children's cannot plan for its own future in traditional fashion. To do so would be to fly in the face of reality.

We have always maintained that one major role for Children's has been that of serving as a regional center for the most difficult and life-threatening diseases in childhood. I think we have performed this function extraordinarily well. It is in another role wherein we are

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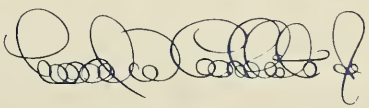
lacking; providing the day-to-day medical needs of the thousands of families who live nearby us. They turn to us simply because there is nowhere elso to go. They come for first aid, for minor medical and surgical problems, for health management and evaluation, for health education and for preventive medicine. We see them, with our affiliates, nearly 200,000 times a year. There will be more in 1970, and in 1971 and 1972.

We are unable to cope effectively with such large numbers, nor are we able to properly organize to deliver these services efficiently and with continuity. In the traditional mode, we would build more facilities and acquire more personnel to meet these new demands. And in doing so we would compound many of our past failures.

A new approach to provision of this primary care is essential. A CHMC task force has spent hundreds of hours considering this problem, and has created what we believe is a practical solution, at least for the vast majority of those to whom we are obligated to provide such care. The proposed program is being refined at this time, and we anticipate it will begin operation late in the year.

During its hundred years Children's has faced many periods of change and has always adapted itself well to new needs. We shall continue to explore innovative means for the delivery of health care when it is directed to the greater good of all people. We shall also continue to strive for excellence in our traditional role as a leader in patient care, teaching and research. Our quest for the common good will be guided by the tradition of 100 years of service tempered by the need to explore all avenues of new approaches in the health delivery system.



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General Director

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General Director

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Director, Nursing

REPORT OF THE TREASURER

Ten years ago in the Annual Report for 1960, my Treasurer's Report began with these words:

"The most gratifying feature of the year's financial transactions was the substantial decrease in the deficit."

In the years between then and now, Children's deficit has been something like the roller coaster action of the stock market. For 1969, we are all glad to see the deficit going down. In fact, the loss before depreciation in 1969 of $355,000 was the lowest it has been since 1960. So, I can repeat what was said ten years ago.

The $355,000 loss before depreciation is a reduction of $919,000, or 72% from 1968 when that figure was $1,274,000. There were a number of reasons for this. Revenue from all sources – patient care, services, grants, etc. increased by $2,588,000 (from $18,747,000 in 1968 to $21,335,000 in 1969); support of the medically indigent – the so-called "free care" cost factor, decreased by $99,000 (from $714,000 in 1968 to $615,000). However, the cost of operations was up by $1,768,000 (from $19,307,000 in 1968 to $21,075,000 last year).

The loss *after* depreciation, while not as dramatic as the loss before depreciation, is still encouraging, reaching the lowest point since 1965. For the last fiscal year, the net loss was $1,351,000 compared to $2,141,000 for 1968.

The year was not without its problems, however; the greatest being a shortage of cash. A contributing cause to this was a freeze on billings for services to Medicaid patients which was not resolved until more than halfway through the fiscal year. To obtain the necessary cash to support Hospital operation and in addition the building program, it has been continuously necessary to borrow from the unrestricted endowment fund. As a result, investment earnings were correspondingly reduced. A further complication was the delay in collections from the Commonwealth due to recent legislation.

But the encouraging decrease in the deficit is not necessarily the start of a trend. Too many factors are beyond anyone's control. The direction to be taken by Federal and State Government; the state of the economy; events in Southeast Asia; the demands made upon the Hospital by society in general and specific groups in particular all will have their impact upon the Hospital's finances in the months ahead.

It can be said that during 1969, the people of Children's faced up to a serious situation, worked hard toward a solution and had considerable success in their efforts. It is to be hoped that their continued efforts at keeping the Hospital solvent will bear equal fruit in the difficult days ahead.

A complete set of financial statements, audited by our independent public accountants, may be obtained by mailing the reply card on the back cover of this report.

June 15, 1970

F. Murray Forbes, Jr.
Treasurer

STATEMENT OF INCOME
(in Thousand Dollars)
Fiscal 1969

REVENUE	
Patient Care	$18,071
General Services	1,409
Grant Overhead	615
Investments and Trusts	943
Other	297
	$21,335
EXPENSES	
Salaries	$13,998
Expenses	7,077
	$21,075
FREE CARE	615
	$21,690
(Loss) Before Depreciation	($ 355)
DEPRECIATION	$ 996
(Loss) General Operations	($ 1,351)
(Loss) Residential Complex	($ 577)
(Loss) For the Year	($ 1,928)

REPORT OF THE CHAIRMAN OF THE STAFF

The Children's Hospital Medical Center has moved into the hospital's second century with increased vigor and greater dedication in discharge of its responsibility and in pace with its opportunity. The Staff recognizes the involvement of the hospital in the problems of medical care of the community which surrounds us. We acknowledge the deep concern of the Trustees and Administration in the development of plans for the improvement of the delivery of medical services to those who so badly need them. We are living in an era of great concern for the unfulfilled needs of all segments of our society. Our Hospital, as an instrument of social importance, is attempting to expand its historic role in a manner which will help to meet these needs. This is as it should be. Such interests make it all the more necessary for the Hospital itself to continue to play its traditional role as an institution for the care of the sick infant and child, for the education of medical students and nurses, and as a contributor to pediatric research. Serious attention to the delivery of medical care is of extreme importance. The care of our own patients has reached an all time high in quality, in tenderness and effectiveness by all concerned with the care of our patients. The economics of hospital care alone would justify the development of more expertise in the delivery of care of our ambulatory services, and economics alone, if for no humanitarian reason, would justify and even demand always greater productivity in our research programs. A startling example is found in our polio clinic. A few years ago there were more than 10,000 visits a year by patients in leg supports and other paraphernalia which helped to make a better life for the patient who had poliomyelitis with paralysis. This number has dwindled to 500 a year, and will eventually drop to zero because of research that began in the Children's Hospital Medical Center in the laboratory of Dr. John Enders, who with two younger associates, Dr. Thomas Weller and Dr. Frederick Robbins did research which made the vaccine a possibility and then a reality.

Better methods of delivery of medical services are a necessity, but what an impossible task such activities would be without research! With the increase in population in the last 40 years, could we cope today with infectious disease without the vaccines and means of prevention of diptheria, scarlet fever, and measles to mention just a

Chiefs of Staff

Charles F. Barlow, M.D.
Neurologist-in-Chief
Sidney Farber, M.D.
Chairman of the Staff and Pathologist-in-Chief
M. Judah Folkman, M.D.
Surgeon-in-Chief
George E. Gardner, Ph.D., M.D.
Psychiatrist-in-Chief
Robert E. Gross, M.D.
Surgeon-in-Chief in Cardiovascular Surgery
Charles A. Janeway, M.D.
Physician-in-Chief
Edward B.D. Neuhauser, M.D.
Radiologist-in-Chief
Arthur M. Pappas, M.D.
Orthopedic Surgeon-in-Chief (Acting)
John Shillito, Jr., M.D.
Neurosurgeon-in-Chief (Acting)

William Berenberg, M.D.
Associate Physician-in-Chief
John Enders, Ph.D.
Chief, Research Division of Infectious Diseases
Robert M. Filler, M.D.
Associate Chief of Surgery
Carlyle G. Flake, M.D.
Otolaryngologist-in-Chief
Alan C. Goodman, Ph.D.
Director, Hearing and Speech Division
Robert P. Masland, Jr., M.D.
Chief, Adolescents' Unit
Harry L. Mueller, M.D.
Chief, Allergy Division
Alexander S. Nadas, M.D.
Chief, Cardiology Department
David G. Nathan, M.D.
Chief, Hematology Division
Richard M. Robb, M.D.
Ophthalmologist-in-Chief
David H. Smith, M.D.
Chief, Division of Infectious Diseases
Robert M. Smith, M.D.
Anesthesiologist-in-Chief
Leonard T. Swanson, D.M.D.
Dentist-in-Chief
Melvin Tefft, M.D.
Radiotherapist-in-Chief, Division of Radiotherapy and Nuclear Medicine
Joel J. Alpert, M.D.
Chief, Family and Child Health Division
T. Berry Brazelton, M.D.
Chief, Good Samaritan Convalescent Unit
Thomas E. Cone, M.D.
Chief, Ambulatory Medical Services
John F. Crigler, M.D.
Chief, Endocrinology Division
Allen C. Crocker, M.D.
Chief, Mental Retardation Unit

few. All these came from research or from keen observations of doctors who translated their findings into means of prevention of disease.

The Trustees recognized this and took on the grave responsibility of a magnificent research building, which in a few months will be opened to a highly organized group of research activities. For the first time the Children's Hospital will have for the immediate future at least, truly adequate, carefully planned laboratories of both basic and applied research. Close communication has been kept with related activities in Harvard Medical School.

Great medical achievements can be accomplished under inadequate physical conditions, as was proved for so many years by the staff of the Children's Hospital, but physical limitations can prevent or hold up interminably medical activities which have the specialized requirements of modern medicine.

The staff acknowledges these invaluable contributions of the Trustees and expresses its appreciation to the Trustees and Administration for this magnificent translation of ideas and hopes and plans of many years standing into reality.

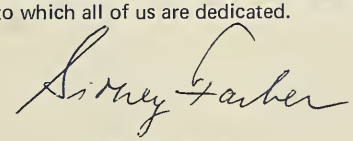
We all recognize that the absolutely essential physical requirements for medicine of today only make possible the achievements of men and women of ability, devotion and resourcefulness who comprise the staff, both medical and scientific. The recently appointed Chiefs have proved the wisdom of those responsible for their selection. We are eagerly awaiting the beginning of the activities of the new head of the Orthopedic Department and of the staff which he is presently selecting to assist him in a new era which promises true greatness in orthopedic care, teaching and research. The successor to Dr. George Gardner in Psychiatry has not been chosen, nor has Dr. Farber's successor as the S. Burt Wolbach Professor of Pathology been selected, although both committees will shortly report their recommendations. This is the case, too, with the appointment of the first James Gamble Professor of Pediatrics. The successor to Dr. Paul Losch, whose career represents a landmark of achievement in dentistry of childhood at the Children's Hospital is Dr. Lennard Swanson, a worthy pupil of Dr. Losch and a man who will surely improve the magnificent tradition already established. The successor to Dr. Donald Matson will be selected soon, and we are assured that he is a man of important stature, worthy of carrying on the great traditions established by Dr. Franc Ingraham, and continued so brilliantly by Dr. Donald Matson. We are assured, too, that

Dr. John Shillito's contribution for so many years in neurosurgery will be recognized suitably and that we will continue to profit from his distinguished contributions to children with neurosurgical conditions. We are happy to report that Dr. Gordon Vawter, who has been in immediate charge of the Department of Pathology in recent years, will continue with a tenure position in the Department of Pathology through special action of the Board of Trustees, as will Dr. David G. Nathan in Hematology, Dr. David H. Smith in Infectious Disease, and Dr. Park S. Gerald in Clinical Genetics. This assures the hospital of the continued contribution of authorities in their respective areas of pediatrics, and who are completely devoted to the service of the hospital as a whole.

In the changes which time brings this year, it is hoped that there will be a Chairman of the Staff with direct access to the Board of Trustees, and that there will be appointed a Director of Research whose immediate responsibility will be the program and support of the research activities of the hospital. Without the devotion and dedication of these two members of the Staff, the Trustees will be without specialized indispensable advice. This can come only from doctors and scientists who can view the medical and scientific activities in depth and as a whole. The more expert and highly organized the administration becomes, the more badly needed will be the direct relationship of these representatives of the Staff in trustee deliberations concerning the matters of greatest concern to the Staff.

It is a privilege to pay tribute to our highly respected School of Nursing and its Director, Miss Muriel Vesey for the high degree of excellence and devotion to the cause of sick children, and to the education of nurses, and to the Women's Committee for their contribution, which is unique. It is pleasant, too, to record the gratitude of the Staff to the hospital family as a whole, and to the many hundreds of people who work with us in behalf of the sick child.

The second century has begun well. The social and economic problems which surround us will be challenges for the finding of proper solutions. The Staff pledges its wholehearted support to the Trustees and to the Administration in working side by side with them in the noble effort to which all of us are dedicated.



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Chairman of the Staff

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Chief, Clinical Genetics
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Chief, Division of Neurophysiology and Seizure Unit
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Chief Psychologist
Fred S. Rosen, M.D.
Chief, Immunology Division
Robert G. Rosenberg, M.D.
Chief, Martha Eliot Family Health Center
Harry Shwachman, M.D.
Chief, Laboratories of Clinical Pathology
Gordon F. Vawter, M.D.
Pathologist
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Director, Postgraduate Medical Evaluation
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C. Grant LaFarge, M.D.
Director, Research Catheterization Laboratory
Benedict F. Massell, M.D.
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Denise J. Strieder, M.D.
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ROUTINE SERVICES
to Patients
Fiscal 1969

Patient Days	108,892
Admissions	12,153
Occupancy Percent	87.0
Average Daily Census	298.3
Average Length of Stay (Days)	9.0
Out-Patient Visits	91,724
Emergency Visits	68,623

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Mrs. Nehemiah H. Whitman
John J. Wilson
Mrs. Samuel H. Wolcott, Jr.
Richard M. Wyman

SPECIAL SERVICES
to Patients
Fiscal 1969

Radiology Films	152,130
Laboratory Tests	383,536
EEG's	4,460
EKG's	6,769
Operations	6,882
X-Ray Therapy Treatments	4,537
Physical Therapy Treatments	45,889

IN MEMORIAM

Dr. Donald D. Matson, Neurosurgeon-in-Chief from 1964-1969, May 10, 1969.
Stella Goostray, R.N., Director Emeritus of The Children's Hospital School of Nursing and the Nursing Service, May 8, 1969.
Hester Macuen, R.N., Nurse Administrator in Employee Health for ten years, April 4, 1969.
Frederick Ayer of Wenham, Trustee from 1946-1960 and Vice President from 1948-1946, April 20, 1969.
Leo Walsh, Messenger in the Communications Center, April 1, 1969.
Anne Baillie, R.N., retired supervisor of the private floors at Children's, recently.
Samuel Sidd of Brookline, Trustee from 1946-1969, June 15, 1969.
Mrs. Doris Clark, R.N., private duty nurse at CHMC, November 19, 1969.
Arthur W. Sweet, Assistant Construction Coordinator in the Office of Design and Construction, October 12, 1969.
Richard R. Flood of Lowell, Trustee since 1950, December 23, 1969.
Lester S. Morse of Chestnut Hill, Trustee since 1966, February 4, 1970.
Ethel L. Leslie, R.N., retired anesthetist, recently.
Mrs. Barbara Sikes Barkely, R.N., former staff nurse and head nurse in Neurology, March 30, 1970.
Anne G. Locher, Assistant to the Director of Health Education, June 13, 1970, in an automobile accident.

THE CHILDREN'S HOSPITAL MEDICAL CENTER

Friends of The Children's Hospital Medical Center often desire to express their appreciation to the Medical Center by a contribution in support of its efforts. Any information concerning the various needs of The Children's Hospital Medical Center can be obtained by contacting the Office of Resources and Development.

FORM OF DEVISE (Real property)

I give and devise to The Children's Hospital Medical Center, located in the City of Boston, for its corporate purposes, all that, etc. (here describe the property).

FORM OF BEQUEST

I give and bequeath to The Children's Hospital Medical Center, located in the City of Boston, for its corporate purposes, the sum of $_____.

To receive a copy of the audited financial statements for the year ended September 30, 1969, please complete the card and mail. Postage is not required.

Request for financial statements of The Children's Hospital Medical Center, fiscal period ending September 30, 1969.

NAME _____

ADDRESS _____

CITY _____

STATE _____ ZIP _____

THE CHILDREN'S HOSPITAL MEDICAL CENTER

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